MICHIGAN

States In Brief

Substance Abuse and Mental Health Issues At-A-Glance

A Short Report from the Office of Applied Studies

Prevalence of Illicit Substance[1] and Alcohol Use

The National Survey on Drug Use and Health (NSDUH) generates state-level estimates for 23 measures of substance use and mental health problems for four age groups: the entire state population over the age of 12 (12+); individuals age 12 to 17; individuals age 18 to 25; and individuals age 26 and older (26+). Since state estimates of substance use and abuse were first generated using the combined 2002-2003 NSDUHs and continuing until the most recent state estimates based on the combined 2005-2006 surveys, Michigan has ranked at or above the national rates for past month illicit drug use, past year nonmedical use of pain relievers, and both past month and past year marijuana use for all age groups. Similarly, Michigan has ranked at or above the national levels for past month alcohol use and past month binge alcohol use for all age groups, including underage drinkers.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

This is one in a series of brief state-based reports intended to give the reader a quick overview of substance abuse and mental health issues within a single state. The data derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental Health Services Administration. Sources for all data used in this report appear at the end.

Abuse and Dependence

Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (*DSM-IV*) (American Psychiatric Association, 1994).

In Michigan, the rates of past year drug dependence have been quite variable, especially for individuals age 12 to 17 (Chart 1). In 2002-2003 and 2003-2004, Michigan ranked among the 10 highest[2] States for past year drug dependence among this age group. In 2005-2006, however, Michigan ranked among the lowest 10 States.

Rates of past year alcohol dependence, however, have generally been comparable to the national rates for this age group (Chart 2).

Chart 1

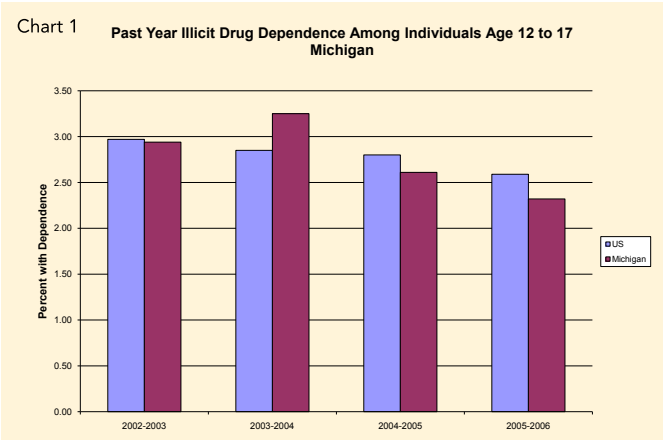
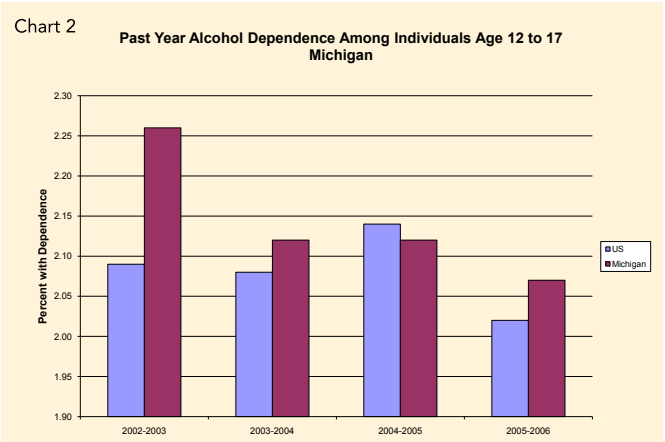


Chart 2



Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),[3] the number of treatment facilities in Michigan has declined slightly from 562 facilities in 2002, to 539 facilities in 2006. In 2006, the majority of Michigan facilities (293 of 539) were private nonprofit and just over one-third were private for-profit (183). Michigan also had 12 facilities owned/operated by Tribal government(s) and two programs that offered treatment in American Indian/Alaska Native language(s).

Although facilities may offer more than one modality of care, the majority of facilities in Michigan in 2006 (502 or 93%) offered some form of outpatient treatment, and an additional 87 facilities (16%) offered some form of residential care. In addition, 37 programs provided an opioid treatment program, and 316 physicians and 69 treatment programs were certified to provide buprenorphine treatment for opiate addiction.

In 2006, 55 percent of all facilities (297) received some form of Federal, State, county, or local government funds, and 353 facilities (65%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

Treatment

State treatment data for substance use disorders are derived from two primary sources—an annual one-day census in N-SSATS and annual treatment admissions from the Treatment Episode Data Set (TEDS).[4] In the 2006 N-SSATS survey, Michigan showed a total of 45,290 clients in treatment, the majority of whom (41,962 or 93%) were in outpatient treatment. Of the total number of clients in treatment on this date, 3,415 (7%) were under the age of 18.

Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.[5] Across the last 15 years, there has been a steady decline in the percentage of admissions mentioning alcohol. There have also been increases in the percentage of admissions mentioning marijuana, heroin, and opiates other than heroin.

Across the years for which TEDS data are available, Michigan has seen a substantial shift in the constellation of problems present at treatment admission (Chart 4). Alcohol-only admissions have declined from 40 percent of all admissions in 1992, to 24 percent in 2006. Concomitantly, drug-only admissions have nearly tripled from 13 percent in 1992, to 36 percent in 2006.

Chart 3

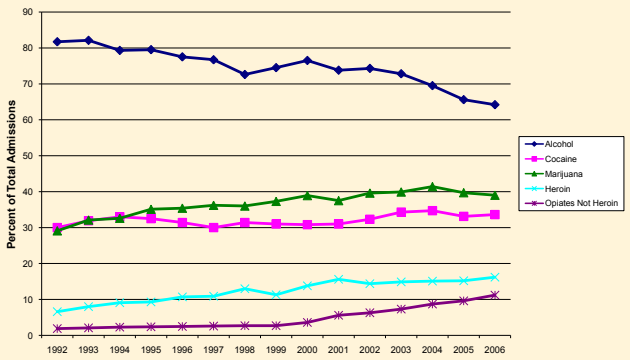
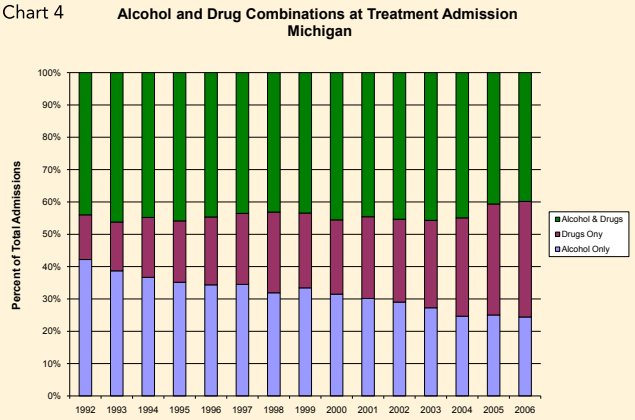


Chart 4

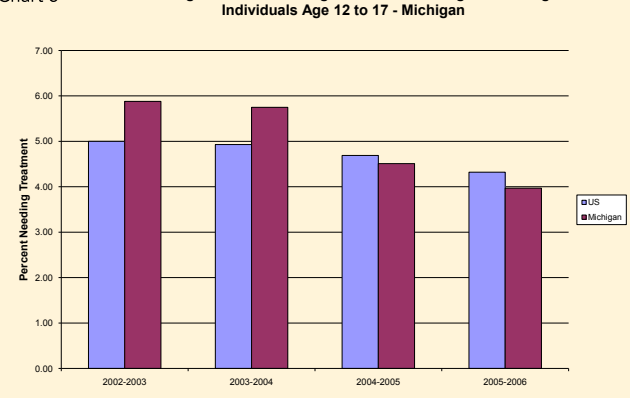


Unmet Need for Treatment

NSDUH defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year.

Unmet need for drug treatment in Michigan has generally been at or slightly below the national rates for this measure. The rates for the age group of individuals from 12 to 17, however, mirror the drug dependence rates noted above (Chart 5). That

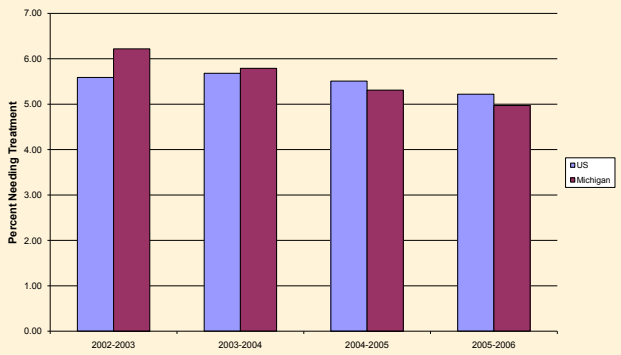
Chart 5



is, in 2002-2003 and 2003-2004, rates of unmet treatment need were among the 10 highest in the country; however, in 2005-2006 they were among the lowest in the country.

Rates of unmet treatment need for alcohol use for this age group also mirror the rates of abuse noted above (Chart 6).

Chart 6



Tobacco Use and Synar Compliance

Rates of underage smoking in Michigan have generally been at or above the national rates (Chart 7).

SAMHSA monitors the rate of retailer violation of tobacco sales through the Agency's responsibilities under the Synar Amendment. Retailer violation rates represent the percentage of inspected retail outlets that sold tobacco products to a customer under the age of 18. Michigan's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2002 (Chart 8).

Chart 7

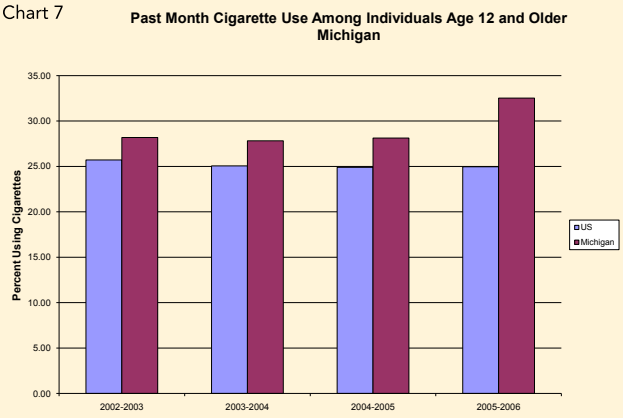
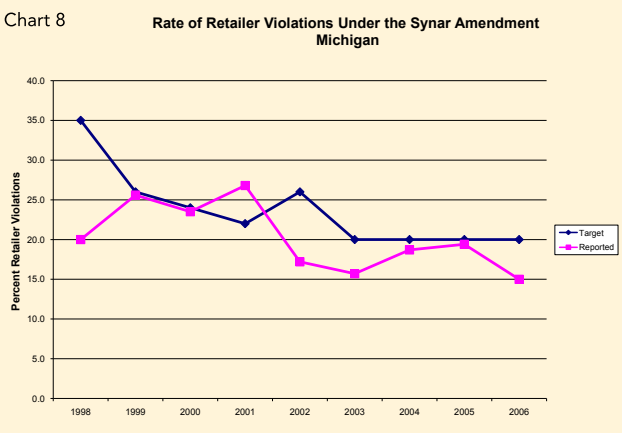


Chart 8



Mental Health Indicators

For individuals age 18 and older, the National Survey on Drug Use and Health measures past year serious psychological distress (SPD), an overall indicator of nonspecific psychological distress. Since 2004-2005, the survey also measures past year major depressive episodes (MDE) for the same age group and for individuals age 12 to 17. MDE is defined as a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning such as problems with sleep, eating, energy, concentration, and self-image.

Rates of past year major depressive episodes have been variable in Michigan, and in 2005-2006 these rates were generally at or above the national rates for all age groups (Chart 9).

In 2005-2006, the rates of past year serious psychological distress were generally comparable to the national rates for all age groups (Chart 10).

Chart 9

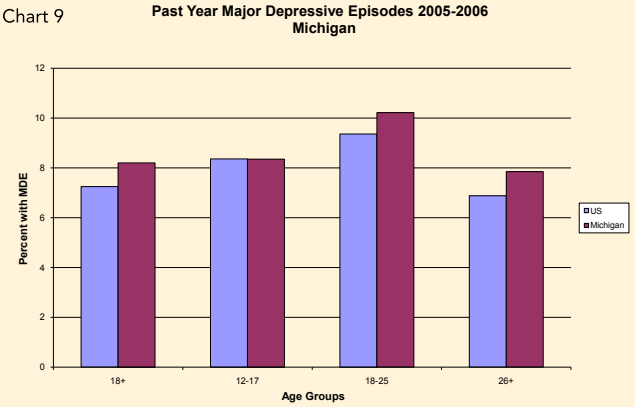
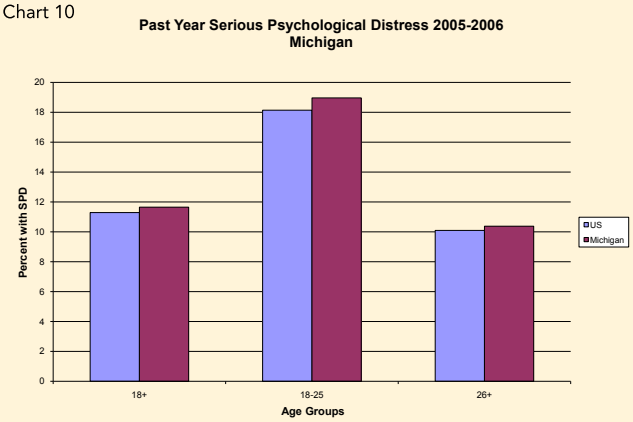


Chart 10



SAMHSA Funding

SAMHSA funds two basic types of grants—block and formula grants allocated to states and territories by formula, and discretionary grants which are awarded competitively (Chart 11). Each of the three SAMHSA Centers (the Center for Substance Abuse Treatment [CSAT], the Center for Substance Abuse Prevention [CSAP] and the Center for Mental Health Services [CMHS]) has a unique discretionary portfolio.

2004-2005:	
$58.3 million	Substance Abuse Prevention and Treatment Block Grant
$15.4 million	Mental Health Block and Formula Grants
$14.1 million	SAMHSA Discretionary Program Funds
$87.8 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure; Post-Traumatic Stress Disorder in Children; Statewide Family Networks; Youth Violence Prevention.

CSAP: Drug Free Communities (16 grants); HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; State Incentive Cooperative Agreement; Prevention of Methamphetamine and Inhalant Use; Strengthening Communities—Youth.

CSAT: Effective Adolescent Treatment; Targeted Capacity Expansion—Innovative Treatment; Targeted Capacity Expansion—General; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service; Homeless Addictions Treatment; and SAMHSA Dissertation Grant.

2005-2006:	
$57.7 million	Substance Abuse Prevention and Treatment Block Grant
$15.2 million	Mental Health Block and Formula Grants
$13.4 million	SAMHSA Discretionary Program Funds
$86.3 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure; Linking Adolescents at Risk to Mental Health Services; Post-Traumatic Stress Disorder in Children; Child Mental Health Initiative; Statewide Family Networks.

CSAP: Drug Free Communities (18 grants); Drug Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use; HIV/AIDS Services; Strengthening Communities—Youth.

CSAT: Effective Adolescent Treatment; Homeless Addictions Treatment; Juvenile Drug Courts; Targeted Capacity Expansion—Innovative Treatment; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service; and SAMHSA Dissertation Grant.

2006-2007:	
$57.7 million	Substance Abuse Prevention and Treatment Block Grant
$15.2 million	Mental Health Block and Formula Grants
$16.4 million	SAMHSA Discretionary Program Funds
$89.3 million	Total SAMHSA Funding

CMHS: Linking Adolescents at Risk to Mental Health Services; Campus Suicide; Post-Traumatic Stress Disorder in Children; Child Mental Health Initiative; Statewide Family Networks (mental health); Youth Suicide Prevention and Early Intervention; SAMHSA Conference Grant; State Mental Health Data Infrastructure; AIDS Targeted Capacity Expansion – Service Capacity Building in Minority Communities.

CSAP: Drug Free Communities (22 grants); Drug Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant; Strengthening Communities—Youth.

CSAT: Homeless Addictions Treatment; Juvenile Drug Courts; Targeted Capacity Expansion—Innovative Treatment; Targeted Capacity Expansion—HIV/AIDS; and Recovery Community Service.

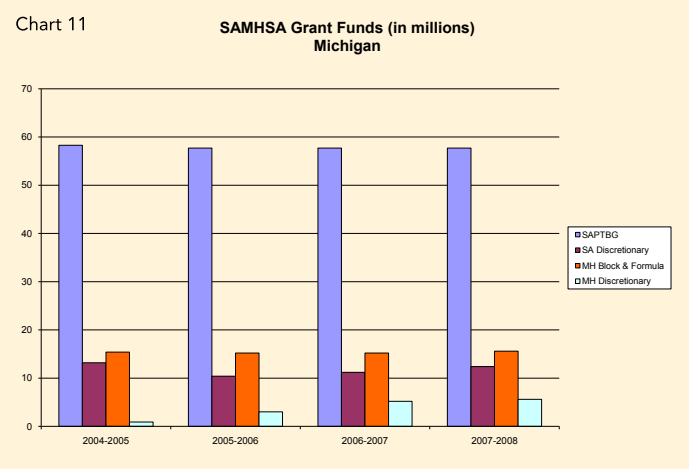
2007-2008:	
$57.7 million	Substance Abuse Prevention and Treatment Block Grant
$15.2 million	Mental Health Block and Formula Grants
$16.4 million	SAMHSA Discretionary Program Funds
$89.3 million	Total SAMHSA Funding

CMHS: Campus Suicide; Child Mental Health Initiative; Adolescents at Risk; Youth Suicide Prevention and Early Intervention; Youth Suicide Prevention and Early Intervention; State Mental Health Data Infrastructure; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities.

CSAP: Drug Free Communities (25 grants); Strategic Prevention Framework State Incentive Grant.

CSAT: Access to Recovery; Homeless Addictions Treatment; Juvenile Drug Courts; and Targeted Capacity Expansion—HIV/AIDS.

Chart 11



For Further Information

A comprehensive listing of all NSDUH measures for every state is available at: **http://oas.samhsa.gov/statesList.cfm**.

Also, information about variations in incidence and prevalence of the NSDUH substance abuse and mental health measures within each state is available at: **http://oas.samhsa.gov/metro.htm**.

Data Sources

Grant Awards: Available at http://www.samhsa.gov/statesummaries/index.aspx.

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS): 2006, available at **http://www.dasis.samhsa.gov**.

Treatment Data: Treatment Episode Data Set—Concatenated File—available from the Substance Abuse and Mental Health Data Archive at **http://www.icpsr.umich.edu/SDA/SAMHDA.**

[1] NSDUH defines illicit drugs to include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as use not prescribed for the respondent by a physician or used only for the experience or feeling the drug(s) caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Nonmedical use of stimulants includes methamphetamine use.

[2] States are assigned to one of five groups according to their ranking (quintiles). Because there are 51 areas to be ranked for each measure, the middle quintile was assigned 11 areas and the remaining groups 10 each. Throughout this document "highest" refers to the 10 states in the first quintile and "lowest" to those in the fifth quintile.

[3] N-SSATS is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: non-treatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

[4] TEDS is an admissions-based system, and TEDS admissions do not represent individuals. For example, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

[5] TEDS collects information on up to three substances of abuse that lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

Prevalence Data

Wright, D. & Sathe, N. (2005) *State Estimates of Substance Use from the 2002-2003 National Surveys* on Drug Use and Health (DHHS Publication No. SMA-05-3989, NSDUH Series H-26) Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Wright, D. & Sathe, N. (2006) *State Estimates of Substance Use from the 2003-2004 National Surveys on Drug Use and Health* (DHHS Publication No. SMA-06-4142, NSDUH Series H-29) Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Wright, D., Sathe, N. & Spagnola, K. (2007) *State Estimates of Substance Use from the 2004-2005 National Surveys on Drug Use and Health* (DHHS Publication No. SMA-07-4235, NSDUH Series H-31) Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Hughes, A. & Sathe, N. (2008) *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health* (DHHS Publication No. SMA-08-4311, NSDUH Series H-33) Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services